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It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/513216

Total Fee Calculation

| Fee Code | Total # Claims | Number Extra | X | Fee | Fee | = | Total |
|------------------------------|-------------------|-----------------|-------|-----------|-----------|---|-------------|
| Sm./Lg. | | | | Sm. Entry | Lg. Entry | | |
| Basic Filing Fee | 201/101 | | | | 690 | = | 690 |
| Total Claims > 20 | 203/103 | 55 | -20 = | 35 | 18 | = | 630 |
| Independent Claims > 3 | 202/102 | 3 | -3 = | — | — | = | — |
| Multi-Dep Claim Present | 204/104 | | | — | — | = | — |
| Surcharge | 205/105 | | | — | — | = | — |
| English Translation | 139 | | | — | — | = | 130 |
| <u>TOTAL FEE CALCULATION</u> | | | | | | | <u>1450</u> |

Fees due upon filing the application:

Total Filing Fees Due = \$ 1450.00

Less Filing Fees Submitted - \$ 0

BALANCE DUE = \$ 1450.00

[Signature]
Office of Initial Patent Examination

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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: _____

Total Fee Calculation


| | Fee Code | Total # Claims | Number Extra | X | Fee | Fee | = | Total |
|-------------------------------------|----------|-------------------|-----------------|-----------|------------|------------|---|-------------|
| | Sm./Lg. | | | | Sm. Entity | Lg. Entity | | |
| Basic Filing Fee | 201/101 | | | | _____ | _____ | = | <u>760</u> |
| Total Claims >20 | 203/103 | <u>92</u> | -20 = | <u>72</u> | X | _____ | = | <u>1296</u> |
| Independent Claims >3 | 202/102 | <u>10</u> | -3 = | <u>7</u> | X | _____ | = | <u>546</u> |
| Mult. Dep Claim Present | 204/104 | | | | _____ | _____ | = | <u>260</u> |
| Surcharge | 205/105 | | | | _____ | _____ | = | <u>130</u> |
| English Translation | 139 | | | | _____ | _____ | = | _____ |
| <u>TOTAL FEE CALCULATION</u> | | | | | | | | <u>2992</u> |

Fees due upon filing the application:

Total Filing Fees Due = \$ 2992

Less Filing Fees Submitted - \$ _____

BALANCE DUE = \$ _____


Office of Initial Patent Examination